

EFFICIENCY IN HOSPITAL MANAGEMENT, THE NEED OF THE PERSONAL EQUATION IN SERVICE VERSUS PUBLIC PRIDE IN EQUIPMENT.*

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Two prominent features of the work in connection with the care of the sick are conspicuous at this time; first the improvement in building construction of hospitals and asylums, second the ever-broadening field of work and the importance of the educated nurse. In every section of this state, in fact of the whole country, we find hospital buildings of the most costly construction, finish, and elaborate equipment being supplied at what seems almost unlimited expense. We point to such hospitals with pride because of their graceful architecture, beauty of construction, and the effectiveness of the service rendered the sick within their walls.

In the great movement of preventive medicine as shown in the recently established tuberculosis crusade and in all the lines of social reform affecting the health of the people, we find the services of trained nurses absolutely essential for the consummation of the plans of the campaign. A few years ago there were only nurses who cared for the sick in hospitals and homes. To-day we have visiting nurses, tuberculosis nurses, milk station nurses, school nurses, settlement nurses, missionary nurses, and social service nurses. In every branch of nursing work the demand is for the more broadly intelligent and better trained woman, a demand which cannot be filled if has increased so rapidly.

At the same time with the inability to meet these demands in newer fields, we find a corresponding but more sharply felt embarrassment in the great majority of our hospitals owing to what seems to be a sudden decrease in the number of young women desiring to enter the nursing field, which reacts upon the usefulness of their administration.

The object of this paper is to solicit a more vigorous coöperation from this group of advanced thinkers along all of the lines that affect the administration of our hospitals for the sick and insane and for

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the care of the sick in their homes, in developing the training schools for nurses. If medical science and prophylactic measures are to bear practical results, the education of nurses must be progressive and not retrogressive. We must have greater numbers of better educated women to train, and constantly improved facilities for their development in order to keep pace with the demands of the age.

It is impossible to deal with all of the features of this great problem at this time and I shall present only certain aspects of it briefly from a nurse's point of view. To do this I must return for a moment to what is known as the Nightingale movement which had for its object the substitution of intelligent, reputable women for the illiterate, drunken, and immoral classes which had constituted the lay nursing force of hospitals and private homes. The immediate result of intelligence where ignorance had prevailed brought about the greatest reform in the administration of public institutions that the world has ever seen. What is known as the training-school system has spread out, seemingly of its own volition, with the greatest rapidity over practically the whole of the civilized world, but from the fact that the training of nurses had in the beginning no established educational basis, that every hospital, large or small, qualified or otherwise, has been a law unto itself, and that those not equipped to give a nursing education have been largely in excess of those qualified to do so, the results have been most chaotic.

At this time when the services of educated women, well trained in nursing, are in greater demand than ever before, especially in all the lines of prophylactic work, the indiscriminate criticism of nurses as a class is most severe. The whole body is suffering from the commercial spirit and ignorance of its *partly trained and temperamentally disqualifed members* whose service to the public is unsatisfactory.

With our hospital buildings and equipment better than ever before, the personal care of the patients is threatened because of what seems to be an alarming shortage of applicants for training. Instead of having an inexhaustible supply of probationers from which to choose, many hospitals are finding it difficult to secure enough nurses to carry on their work properly. In my opinion this loss of popularity, for such it seems to be, is not of so sudden an origin as we are led to believe. There are hospitals in many places that have had for years past difficulty in securing probationers enough of the right kind and now that the shortage is becoming more universal they are the loudest in their complaints as if it were a new thing.

The last report of the National Bureau of Education throws light

on the situation in the following figures: in 1880 there were fifteen training schools for nurses with three hundred and twenty-three pupils; in 1885, thirty-four schools, with seven hundred and ninety-three pupils; in 1890, thirty-five schools, with fifteen hundred and fifty-two pupils; in 1895, one hundred and thirty-one schools, with thirty-nine hundred and eighty-five pupils; in 1900, four hundred and thirty-two schools, with eleven thousand one hundred and sixty-four pupils and in 1905, eight hundred and sixty-two schools, with nineteen thousand eight hundred and twenty-four pupils,—an increase for the last five years reported of four hundred and thirty training schools calling for eighty-seven hundred and sixty pupils. For the last year reported—1906—there is an increase of one hundred and twelve schools with a gain of twelve hundred and twenty-eight pupils. These figures do not include the correspondence and short course schools which are springing up all over the country and adding to the confusion. They would seem to demonstrate that the fault lies not altogether in the decreasing number of women ready to undertake nursing work as much as in the rapid development of hospitals bringing an increasing demand which has come so suddenly that it can not be met. It has not been proven in any of the arguments that have been used that either state registration, the three years' course, or the one year high school requirement of New York State has been sufficient to explain the lack of applicants. The shortage seems to be more seriously felt in those states that are without registration laws. The one year high school requirement of the New York Education Department while it stands on paper has never been enforced, and the three years' course is practically the only one of these three reasons that remains a doubtful cause.

From my own point of view and that of many of my colleagues in the nursing field, there are four reasonable causes for this serious lack of material with which to carry on our hospitals and recruit the nursing ranks.

1. The increasing number of hospitals being constantly erected, already referred to.
2. The unusual prosperity of the country which makes it possible for greater numbers of women to remain in their homes and which has opened for those who must work so many new lines of occupation offering an immediate means of support, shorter hours, greater personal freedom, and a better social status than that afforded nurses.
3. In the early days of our training-school work we have drawn largely on Canada for our supply of probationers. Canada in those

days was without hospitals except in its few great centres. Within very recent years Canada has, like the United States, established hospitals in every small city and town, and with an unlimited number of Canadian women trained in American schools to organize these hospitals and training schools, the supply of nurses for the United States has fallen off very materially. Canada is still sending to the United States, so I am informed, great numbers of highly educated women of the type that formerly found employment in our hospitals, but these young women, because of the hardships of nursing, both in the hospital and in private duty, are taking up newspaper or other literary work and other forms of occupation less arduous than that of nursing, and with remuneration equally good or better.

Nursing has never been a very popular field with American women, conditions have been so hard and other occupations so numerous. A nurse alone on a private case is supposed to work eighteen hours out of the twenty-four, Sundays included. If she meets the full demands of the family, she has a working week of one hundred and twenty-six hours. In a few of our hospitals, under the very best conditions, where an eight hour day is established, nurses work fifty-six hours a week on day duty, and eighty-four on night duty, but a working day varies in hospitals for the sick and insane from eight to fifteen hours.

While working conditions for the pupil nurse in training have improved of late years, the strain upon the women holding executive positions has not been lessened. Many of our most able teachers and hospital workers in this executive class are broken in health and their usefulness is impaired if not altogether destroyed after five, ten, or fifteen years of devotion to the welfare of our hospitals. It has always been to me one of the great mysteries of modern philanthropy that while on the one hand hospitals are established to alleviate suffering and restore the sick to fields of activity; by the unreasonable demands upon the people who do the most important part of the work, another set of invalids is created. This reacts upon the best interests of the institutions by the numerous long vacations required or the frequent loss of an executive officer or valuable nurse just when her services have become of greatest value.

In recent years, with Canada's supply being largely absorbed by its own requirements, or seeking fields more congenial, we have to face the problem of making nursing more popular with the young women of our own country and giving to the nurses of the future those things which the pioneers have lacked and have felt the need of, and of creating a place which shall be definitely theirs in the ranks of the world's workers.

4. The most serious cause is the failure of the great majority of our hospitals, both large and small, and in every state, to meet fully those obligations which the three years' course imposed. I feel personally, after my many years of hospital service, that the hospitals have themselves largely to blame for this situation.

The three years' course was instituted upon the recommendation of the American Society of Superintendents of Training Schools for Nurses, a group of women who had been teachers and executive officers of hospitals for so many years that their judgment was considered to be trustworthy. It has been almost universally adopted. The plan, briefly outlined, was that with the extension of the term of training from two years to three, the third year being unquestionably of great advantage to the hospitals, they should in return increase the nursing force, shorten the working day from ten or twelve to eight or nine hours, provide regular and skilled teachers in place of the necessarily irregular instruction given by volunteers of the medical staff, lighten the domestic drudgery by the employment of greater numbers of ward maids and cleaning women, and improve the food. It would be interesting if we could know honestly how many of the hospitals now suffering from a shortage of probationers have not complied with these conditions and yet are holding the nurses for the third year under the same conditions as when the two year course was in operation. Statistics, however gathered, are unreliable on this point. Courses of study and hours of duty on paper are not always adhered to in practice.

Boards of managers may well turn their attention to this problem of service in our hospitals. If economic conditions have so changed that the young women of our country will not enter the hospital service because of its hardships and privations, should they not look the situation squarely in the face and see that the most serious cause is within their own walls?

The nature of nursing work, because of its character of personal service, appeals so strongly to women, that pupils of desirable character rarely wish to give it up when once it has been entered upon, but it is impossible to arouse the professional and philanthropic spirit until after the young women have entered upon their course of training. Graduate nurses who have endured the physical and mental strain of hospital service with the long hours of work and monotonous and insufficient diet, realizing the short span of their working years, because of the hardship of the calling, and feeling discouraged by the overwhelming criticism of nurses everywhere, are advising their

younger sisters or the daughters of their friends not to enter the nursing field. This I consider to be one of the most alarming results of this retrograde movement, for without a continuous supply of intelligent well-educated young women the care of the sick and of the insane must deteriorate, our magnificently constructed hospitals and asylums fail of their highest purpose, and the whole broad field of preventive medicine be handicapped. No word of mine is necessary to point the fact that with buildings and equipment of great simplicity the very highest order of work may be accomplished in the care of the sick and mentally afflicted, provided the medical and nursing services are of the highest order of intelligence and skill. No amount of marble and glass will take the place of professional intelligence nor will enthusiasm or sentiment be accepted in the place of thorough training.

It is thirty-four years since the first training schools were established in this country. We have now a large group of intelligent, experienced women who have given their lives, so to speak, to nursing work, who have been influential in bringing about great reforms in the hospitals where training schools were first established and who have helped in the building up of hundreds of the institutions of the sick and the insane of which this country is justly proud. These women are not theorists, they are the practical workers. They know from actual doing what nursing in hospitals and private duty is, of the demand which it makes on heart, brain, and bodily strength of those who engage in it conscientiously. All over the world, from New Zealand, Australia, England, Germany, Japan, France,—with its oldest nursing system, which is among the last to fall in line,—and China, which is just awakening, we find these nurse leaders agreeing that a more uniform system of education and better living conditions are necessary for the nurse of the future.

Medical men are divided on this subject. One group agrees with the nurse leaders, while another group, with seemingly sincere motives, believes that it is too much education which is causing the present situation and that we need to return to a shorter term of training with little theoretical instruction, corresponding to the apprentice system of the earlier days of training schools. Certain it is that we have come to a parting of the ways. Thousands of young women are no longer standing in line waiting for the opportunity to do the hard work of our hospitals in return for the experience which they gain, but the hospitals have become the seekers.

These women whom I describe as leaders united in organization

in this country thirteen years ago. The motive for such organization as stated in their first constitution drafted was to raise the standard of nursing education, which would provide better nursing care for the sick, etc.

Practically with the same objects the Nurses' Associated Alumnæ was organized three years later which is composed of both members of the teaching force and of nurses of every kind and grade, numbering now over twenty thousand.

The need of better teaching for nurses was anticipated by the serious thinkers in these organizations almost from the first. The course in Hospital Economics at Teachers' College which was established eight years ago under the direct auspices of the Society of Superintendents of Training Schools, has been supported by the nurses of these two organizations and a colossal project is now under way for raising a permanent endowment. This course which is now entering upon its ninth year, has for its object the fitting of graduate nurses to be teachers in training schools. Its value has been demonstrated. The burden of providing better teachers and more highly experienced officers of hospitals should not, however, devolve entirely upon the shoulders of nurses themselves.

State registration which was the next step in the nursing movement toward better education, has for its object greater uniformity in methods of training and a means of discriminating between those women who are sufficiently trained and those who are not. There are now twenty-eight state associations of nurses organized for the purpose of securing such a system of registration, of this number, sixteen states have passed registration laws, ten of which have been in operation sufficiently long to have demonstrated their practical value.

Under the Nurse Practice Act of New York, the most far-reaching of any of the laws in effect, the training schools of the state are very slowly being brought into greater uniformity of methods of teaching. The defects in methods or of lack of experience are brought out through the examinations and the Department of Education has definite information upon which to work, but these laws for state registration are not compulsory. In no state is the hospital obliged to be registered and no nurse is prohibited from practicing nursing provided she does not claim to belong to the registered class. Unaided, the reforms through state registration must work very glowly. In our own state of New York the Education Department, through which the law is administered, can require advanced methods only so rapidly as the great majority of hospitals are willing and able to coöperate.

We need greater liberality in the public attitude toward the nurses who care for the sick and insane in our hospitals. It is not enough that we have superb buildings and the very highest type of medical service, but the women who bear the stress and strain of the life and death battle constantly taking place within their walls must be women of character, of intelligence, and absolute trustworthiness,—they should receive greater consideration in their manner of living, and in the thoroughness of the training which they are endeavoring to obtain. Without preliminary education and intelligence sufficient to appreciate the responsibilities of a nurse's life, the standard of nursing education must deteriorate and its reflection be felt not only in the hospital but in all of the lines of work in which nurses are engaged.

At the present time there seems to be no other place for the entire training of nurses than the hospital. Institutions established exclusively for the care of the sick and insane have become through the demands of the age very important educational centres. Whether they shall remain always the only schools for the entire training of nurses is a question to which many of my colleagues are giving very serious thought. The introduction into the hospital of classes and lectures, study hours and examinations, has complicated the administration of those institutions to a degree which only those concerned can appreciate. Many women like myself who have had to plan day after day for this double service of care of the sick and justice to the pupil in training are coming to believe that a part of the nurse's education should be conducted outside of the hospital and before the nurse enters upon her term of service, that one year of the three should be spent in a central school or nursing institution or college and the remaining two be devoted to observation and practical experience which the hospital only can afford.

This college idea is simply the broadening and centralization of the preliminary courses which have now been generally adopted by the leading hospitals of many states and which are recommended by the board of education. Central schools would lessen the cost to the hospital of such preparatory work, and would give to the smaller schools women equally well grounded for the practical training. In such a nursing college the professional idea could be developed, the moral obligations of nursing instilled into the mind of every pupil, and a proper appreciation of her place in the home and in all the social problems in which she is to become so important a factor. A clear line of demarkation between medical responsibilities and nursing responsibilities would be drawn. Medical subjects would be taught

in their relation to the practice to nursing and not in relation to the practice of medicine as is now too often the case. Her place in the medical world, for such it is, would be clearly defined. Allied subjects such as hygiene, domestic science, dietetics, bacteriology, etc., would have their proper places in her education and the hospital be relieved of the burden of such instruction.

This plan calls first for a large endowment for the establishment of a separate college or for a department of nursing in those universities already in existence, and with our training schools in New York State already placed under the supervision of the Department of Education, this broader development would seem to be the next step in nursing education. Such a plan would create a better recognition of the nurse's status and would attract to the nursing field greater numbers of educated women than we can hope to secure with our present lack of standing.

This college plan of course is one more for the future than for the emergency before us at the present time, for such we may almost call it. If for a time the enormous outlay of money which is now being expended in building and equipment could be utilized for the development of the *service* in our hospitals, I believe we should see an almost immediate reaction in the nursing situation. A complete eight hour system is the most pressing need. This would entail increasing the accommodations for the nursing staff and add materially to the cost of maintenance. The second step should be to secure greater numbers of employees in the domestic class,—cooks, ward-maids, orderlies, etc., all well paid, so that the services of reliable workers could be secured and retained. Third, permanent and better paid heads of departments. Nothing is so demoralizing to good administration as frequent changes in the executive staff.

With shorter hours, less of the domestic drudgery, and a constantly developing educational status, hospitals would soon regain the popularity which they seem to be losing. Those schools within the state which have responded to the requirements of the Education Department report a growing improvement in their numbers of desirable applicants, and those schools which have always maintained such high standards, both in New York and in other states, where registration has been in force, have not been inconvenienced by lack of pupils.

We have to recognize the fact that there has arisen economic competition in the outside world which makes these concessions absolutely necessary. When the hospital requirements have been fully met, the demands of the home and of the great field of preventive medicine

will take care of themselves. The personnel of the hospital service is of vastly greater moment than the development of buildings or of luxury of equipment.

READING FOR THE SICK

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"GIVE me something cheerful and entertaining; it's for a sick person."

Every attendant in a public library becomes more or less familiar with this request. It is made daily. Something cheerful! Everybody wants it, even those who are well. The demand is so insistent that the purveyors of humor ought to have no difficulty in disposing of their wares, for to most people humor represents the very essence of cheer and they turn to it instinctively when seeking literary entertainment for themselves or others.

And yet, strange as it may seem, considering how our presses creak and groan with the burden laid upon them, in the matter of cheery books or purely humorous writing there remains a wide gap between supply and demand. Good mirth-provoking literature is not easy to find. The easiest books to read are always the hardest to write, and the refreshing gift of humor is a thing quite apart from literary skill. It is a quality, an atmosphere, too elusive to be caught, else our enterprising scribblers would scarcely allow this dearth to exist.

Among the yearly output of books foisted on an innocent public there is always a substantial quota labeled "humor;" but most of it is poor stuff unworthy the name. It is forced, vapid, and utterly lacking in the essence and spontaneity of the genuine article. The counterfeit is so obvious that few readers are either deceived or amused.

A little nonsense now and then
Is relished by the wisest men;

but the nonsense must bear some sort of relation to sense or it has no point, no significance. Real humor is nothing but wisdom enjoying a lark. To be a great humorist one must be something of a philosopher.

A book may be exceedingly humorous, however, without being the least bit cheerful, and vice versa. It may be humorous in its irony and pathetic in its truth; or it may be pathetic in its efforts to be amusing and humorous in its failure. What sick people need is some-